

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

x660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

Establish 602 Owner Mac's Owner's Po. 8 Person in Responsibl 220 Certified F	Address Charge Cle Person's Cood Mana	Iress (n Lw's Ling S E-man	St. North	w f	y, state, zi Hbayı Hc 47207	p code) I∼ 4715	7	Telephone 1 312 949 312 37 Purpose: Routine 2. Follow-up 3. Complaint 4. Pre-Opera 5. Temporary 6. HACCP 7. Other (list)	umber /243 9227	Follo Summ C Menu	e of Inspection 1/dd/yr) 15/26 Ow-up Rele	PERMIT 19-6 ase Date DAY Ons: cof page)
• CRITICAL • VIOLATIO	. ITEMS A1 ON(S) REPE	RE IDE! ATED 1	TIFIED IN TH	E CHE	CKLIST AN	ND NARRATIVE	E COLUMNS MA	RKED "C"				
section#	C/NC	R	~,10	~ L/ 1(15)	LECTIONS	ND NARRATIVE S ARE DENOTEI Na	D IN THE "SUM Irrative	MARY OF VIOL	ATIONS" AND) IN THE	E NARRATIVE I	BELOW Ac un
295 415	C		Hoserved Hoserved	Serv	m buil	11-10 in	ice ch				To Be Con	rrected By
	_			V	.		2011					- FC &
243	75	C	, ,		기 , –	ape in F	50H	<u> </u>			Dez	أسلسا
243	علم	C)	Sinc	기 , –	- 634.5	Bort	fl			Disco	447
243			, ,	Sinc	기 , –	- 634.5	Is Agains	fl.	ce Court	95	Psico	bet 1
243)	Sinc	기 , –	- 634.5	Bort	fl.	ce Court	95	Price	the balance of the ba
ved by (nam	ne and title	printed	Janes .	Sinc	기 , –	- 634.5	Is Agains				Price C.	del del
ved by (nam	ne and title	printed) carrier	J (기 , –	19 Probin	Inspec	ed by (name an			(IEC)	the total and th
ved by (nam CFF red by (signa	ne and title	printed) carrier	J (Cocid .	19 Probin	Inspec				(cps)	del hel

Ciale K

		Health Department I	nentship zakira
Gode#	\$ C/NC ! A	OIC:	II E III O THE REPORT OF THE PROPERTY OF THE P
		2FH:	
	L'	Health Policy Y - N	Food Code: Y - N
		Health Policy Y - N Email:	
415		Josep 3	
295		*	
275			
			- a
243		Gragle - se	
		<u> </u>	
	· · · · · ·		
			1